

Matching Information:

General interests, skills, volunteer experience, languages, and hobbies: _____

Do you smoke? ____ yes ____ no

Are you allergic to pets? ____ yes ____ no

List any special considerations for your placement (distance from home, preference for age or gender of care receiver, ability to push wheelchair, office work, enjoy/dislike speaking with new people)?

What reservations, if any, do you have about volunteering?

Screening Information:

Have you ever been convicted of a crime other than a traffic violation? ____ yes ____ no

If yes, please explain:

Emergency contact:

Name: _____ Phone: _____ Relation: _____

References:

Please list three persons we may contact who are not family members. You may include employers, teachers, religious leaders, or others whose relationship to you is more than a personal friend.

Name: _____ Phone: _____ Relation: _____

Address:

Name: _____ Phone: _____ Relation: _____

Address:

Name: _____ Phone: _____ Relation: _____

Address:

The Fairport Baptist Homes also requires all volunteers working within the home:

- To provide documentation of MMR.
- To provide documentation of an annual flu shot or to wear a mask during flu season.
- Volunteers who are in the building more than 10 hours a week are also required to receive the PPD test, this can be provided by Fairport Baptist Homes.
- To Provide Documentation of Proof of receiving the Covid Vaccine

If you will be driving a vehicle as a part of your volunteer duties:

Do you have a valid driver’s license? _____ yes _____ no

Do you have any traffic violations? _____ yes _____ no

If yes, please explain:

License number: _____

Insurance company: _____ Policy number: _____

√ Here if we have your permission to use your photo in FBH marketing (website, Facebook, etc.).

I certify that the information I have provided on this application is true and accurate and I hereby give my consent for Fairport Baptist Homes to contact my references; to contact my employers, past and present; and to conduct a routine police check.

Signature of Applicant

Date